

INITIAL STATEMENT OF REASONS
FOR
PROPOSED BUILDING STANDARDS
OF THE
OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT

REGARDING THE
2007 CALIFORNIA BUILDING STANDARDS ADMINISTRATIVE CODE,
CALIFORNIA CODE OF REGULATIONS, TITLE 24, PART 1, CHAPTER 7

HEALTH FACILITIES CONSTRUCTION

The Administrative Procedure Act (APA) requires that an Initial Statement of Reasons be available to the public upon request when rulemaking action is being undertaken. The following information required by the APA pertains to this particular rulemaking action:

STATEMENT OF SPECIFIC PURPOSE AND RATIONALE:

Global changes:

Definitions for electrical and mechanical engineers are added for clarity and consistency.

For consistency with the 2007 California Building Code, the phrase “architect or engineer in general responsible charge” is changed to “architect or engineer in responsible charge.” The phrase “architect or engineer of record” is eliminated to avoid confusion with “architect or engineer in responsible charge.” The delegated architect or engineer is clarified to avoid confusion with the architect or engineer in responsible charge.

“Calendar days” has been added to all references where a specific number of days is needed to comply with a Section.

“Identification stamp of the Office” or similar reference, is used consistently instead of “stamp of the Office”, or “approval stamp”, or “stamp”.

“Plan” or “plans and specifications” is changed to “construction documents” for consistency with the 2007 California Building Code.

Requirements for “original” documents or “manual” or “original” signatures are deleted or changed to facilitate electronic document submissions.

The term “recheck” is changed to “backcheck” to reflect current office terminology.

The term “Department of Health Services” is changed to “Department of Public Health” due to statute.

ARTICLE 1 – GENERAL

Section 7-104. Alternate method of compliance.

This section is added for consistency with the California Building Standards Code and to reflect current practice.

ARTICLE 2 – DEFINITIONS

Section 7-111. Definitions.

“Alternate Method of Compliance”, “Alternate Means of Protection”, and “Alternative System” are added for clarity and consistency with new Section 7-104 and California Building Standards Code and to reflect current practice.

“Deferred Approvals” definition is repealed to avoid duplication with other sections of Part 1, Title 24.

“Equipment” definition is added for clarity and consistency. Definitions are taken from the AIA Guidelines for Design and Construction of Health Care Facilities.

“Equipment” definition is added for clarification of the various categories of equipment in a health facility. This definition is based on the 2006 edition of “Guidelines for Design and Construction of Health Care Facilities” by The Facility Guidelines Institute, The Institute of Architects Academy of Architecture for Health and with assistance from the U.S. Department of Health and Human Services. The following three categories of equipment within the definition: “building service equipment”, “fixed equipment” and “movable equipment”. The California Building Standards Commission Health Facilities Code Advisory Committee recommended that under the examples of “building service equipment” the term “humidification equipment” be deleted, however, OSHPD proposes to include this example in the definition.

“Materially Alter” is added for coordination with modifications made to Section 7-153. This definition is used in conjunction with Changes in the Work to describe the type of construction or design changes that the Office must review for compliance with applicable codes.

“Program Flexibility” is added for coordination with new Section 7-104 and to reflect current practice.

“Sign, Signed, Signature, Signatures” definition is added to accommodate electronic document submission.

Section 7-113. Application for plan, report or seismic compliance extension review.

The section is modified to reflect the current practice of the number of sets of construction documents that must be submitted to the Office.

ARTICLE 3 – APPROVAL OF CONSTRUCTION DOCUMENTS

Section 7-115. Preparation of construction documents and reports.

Language is added that requires verification of a specialty contractor’s license in accordance with the State Contractor’s Licensing Service.

Section 7-125. Final review of construction documents.

Language is added to reflect the current practice of requiring a written response to the Office’s plan review comments. This requirement reduces plan review time.

Previous subsection number 2 is renumbered to 1.

Section 7-126. Deferred submittals.

This new section is created to consolidate language from other sections in Part 1 and to incorporate recommendations made by the Hospital Building Safety Board, which is the Office’s advisory board. Language is added to require the submittal of a schedule of deferred submittals to the Office prior to issuance of a building permit. Language is added to clarify signature requirements and to clearly state that the Office has sole discretion as to the portions of the design that may be deferred.

(a)3. Following recommendation of the Hospital Building Safety Board, language has been modified to specify that a schedule for deferred approvals is submitted prior to the beginning of construction instead of before the building permit is issued.

(c). Following recommendation of the Hospital Building Safety Board and public comment, this section has been modified to refer to Section 7-115 (a) and (b). Section 7-115 contains the stamping and signature requirements for all construction documents.

Section 7-127. Projects exempt from plan review process.

This new section is added to implement SB 1838 (Chapter 693, Statutes of 2006). Language has been added that clarifies that each of the listed subsections must be met.

Section 7-129. Time limitation for approval.

Current regulation requires final plans be submitted to the Office within one year after the preliminary review by the Office is completed or the application is void. Language has been added that allows for a one-time extension of up to 180 days.

To reduce the time for health facilities to obtain plan approval, the section is modified to reduce the time allowed for design professionals to resubmit plans to the Office for backcheck to avoid the application becoming void. The section is modified to allow for backcheck resubmittal extensions of up to 90 days, when requested by the architect or engineer in responsible charge.

The amount of time for the design professional to send to the Office a set of prints with Office's stamp has been reduced from six months to 45 days. This modification will reduce the time required to obtain plan approval.

Current regulation requires that the building permit has been issued, construction must start within one year or the application becomes void. Language has been added that allows the Office to grant an extension.

Current regulations require that if construction is suspended or abandoned for any reason for a period of one year following commencement, the Office's approval shall become void. The section is modified to allow the Office to grant up to a one year extension.

Section 7-130. Phased submittal, review and approval.

This new section is added to implement SB 306 (Chapter 642, Statutes of 2007).

Section 7-131. Incremental design, bidding and construction.

The modification to this section relocates language concerning incremental review fees to Section 7-133 and clarifies that an incremental project shall consist of no more than one building.

Section 7-133. Fees.

This section is modified to implement the Office's long standing administrative interpretation of fees for plan review of projects involving imaging equipment and preliminary reviews. New language is added for phased submittal reviews. New language for hospital and skilled nursing facility annual building permit fees is added that is in conformance with Health and Safety Code Sections 129875(b) and 129875(c).

Section (a) header has been added for consistency. Section (a)1. Word "construction" has been added for clarity. Section (h) language has been modified for clarity. Section (i) Fees for Geotechnical/Geohazard reports has been added for consistency with current Office practice.

Section 7-145. Continuous inspection of the work.

This section is modified to implement the statutory requirements of the Hospital Seismic Safety Act. The Hospital Seismic Safety Act requires competent and adequate inspection during the construction or

alteration of a hospital building by an independent hospital inspector approved by the Office. The inspector is required to have "personal knowledge" that is obtained from the inspector's continuous inspection of the work of construction in all stages of its progress. A record of the inspector's time on the job, work activity in progress when the inspector is present, and the result of the inspections(s) are necessary for the Office, the architect or engineer in responsible charge, the owner to verify compliance with the statutory mandate.

Following Hospital Building Safety Board recommendation, language has been deleted that would require the hospital to "maintain" field records submitted to them by the Inspector of Record.

Section 7-153. Addenda, change orders and instruction bulletins.

The section is modified to clearly indicate that the Office is required to review only those changes to projects that "materially alter" (a new definition) the project. The section is reorganized with formatting and headers to highlight addenda, change orders, and instruction bulletins. Existing language is modified to specify and clarify the Office's submission requirements.

New language is added to reflect the current practice of requiring a change outside of the scope of the original project be submitted as a new project.

The deferred submittal language is moved to new section 7-126.

Section (a) language has been modified to clarify a redundancy.

Language in Sections (a)1 through (a)3 have been added to follow current Office policy that designated alternate architects or engineers may sign post approval documents.

ARTICLE 19 – CERTIFICATION AND APPROVAL OF HOSPITAL INSPECTORS

Section 7-203. Applying for the certification examination.

Existing language from Section 7-206 has been relocated to this section and revised for clarity. Item 5 has been repealed due to repeal of Section 7-216.

Section 7-204. Minimum qualifications for examination.

Acronyms are identified for clarity.

Section 7-206. Fees.

Existing language is relocated to Section 7-203 for clarity.

Section 7-216. Verification of citizenship or qualified alien status.

This section is repealed. Current language is outdated.

ARTICLE 20 – REPAIR OF EARTHQUAKE DAMAGE

Section 7-302. Pre-1973 structures.

American Concrete Institute (ACI) standard, ACI 503.7-07, "Specification for Crack Repair by Epoxy Injection", provides guidance for repair of cracks that intersect at least one accessible surface of concrete or masonry. New Section 1917A.2, which adopts ACI 503.7, is being proposed as an amendment to the 2007 California Building Code. Section 7-302 is modified to refer to new Section 1917A.2.

TECHNICAL, THEORETICAL, AND EMPIRICAL STUDY, REPORT, OR SIMILAR DOCUMENTS:

There are no technical, theoretical and empirical studies, reports or other documents to be identified regarding the development of these proposed regulations.

CONSIDERATION OF REASONABLE ALTERNATIVES

There were no alternatives considered by the Office. The proposed code changes are technical modifications that will provide clarification and will implement statute.

REASONABLE ALTERNATIVES THE AGENCY HAS IDENTIFIED THAT WOULD LESSEN ANY ADVERSE IMPACT ON SMALL BUSINESS.

The proposed regulations will not adversely impact small businesses.

FACTS, EVIDENCE, DOCUMENTS, TESTIMONY, OR OTHER EVIDENCE OF NO SIGNIFICANT ADVERSE IMPACT ON BUSINESS.

The scope of the proposed code changes is to make technical modifications for clarity and to implement statute. These regulations will have no significant adverse impact of businesses.

DUPLICATION OR CONFLICTS WITH FEDERAL REGULATIONS

The proposed code changes do not duplicate or conflict with federal regulations.